COMMENT. Rasmussen's syndrome of focal seizures and progressive hemiparesis begins in early childhood, is often preceded by a minor febrile and probable viral illness, and is manifested by epilepsia partialis continua and intellectual deterioration. Short-term reduction in seizure frequency has been reported following IV immunoglobulin and long-term oral prednisolone treatments at the Montreal Neurological Institute. (See Progress in Pediatric Neurology III, 1997;p127).

EARLY WITHDRAWAL OF ANTIEPILEPTIC DRUGS

Recurrence rate, risk factors for recurrence, and outcome in 161 children after early withdrawal of antiepileptic drugs (AEDs) were studied at Leiden University and other centers in The Netherlands. The probability of remaining seizure free at 24 months was 51% for 78 patients whose AEDs were discontinued after a 6 month seizure-free period, and 52% for 83 patients with a 12 month period of seizure control. Risk factors for relapse were partial epilepsy, onset of seizures at 12 years or older, known seizure etiology, and epileptiform EEG. After a mean 42 month follow-up, 129 (80%) were seizure free for at least 1 year, two thirds without AEDs. (Peters ACB, Brouwer OF, Geerts AT et al. Randomized prospective study of early discontinuation of antiepileptic drugs in children with epilepsy. Neurology March 1998;50:724-730). (Reprints: Dr ACB Peters, Department of Child Neurology, University Hospital Utrecht and Wilhelmina Children's Hospital, PO Box 85500, 3508 GA Utrecht, The Netherlands).

COMMENT. Early withdrawal of antiepileptic therapy after 6 or 12 months seizure control is followed by seizure recurrence in 50% of patients, regardless of the treatment duration. A comparison of these results of early drug withdrawal with previous reports of later withdrawal (2, 3, or 4 years) suggests an optimal seizure-free treatment period of 2 years. The shorter duration of seizure-free therapy results in a higher relapse rate. (See Progress in Pediatric Neurology III, 1997;pp115-122).

GENETIC TWIN STUDIES OF EPILEPSY SYNDROMES

The genetics of epilepsy syndromes was studied by an evaluation of 253 twin pairs at the University of Melbourne, Australia. One or both twins had seizures, Among monozygous (MZ) and dizygous (DZ) twin pairs, 44% and 10% were concordant for seizures, respectively. Both twins had the same major epilepsy syndromes in 94% of concordant MZ pairs and 71% of concordant DZ pairs. The concordance rates for generalized epilepsies, both idiopathic and symptomatic, were greater than those for partial epilepsies. Febrile seizures and unclassified epilepsies had intermediate rates. Genetic factors play a role in all epilepsy syndromes but especially in generalized epilepsies. (Berkovic SF, Howell RA, Hay DA, Hopper JL. Epilepsies in twins: Genetics of the major epilepsy syndromes. Ann Neurol April 1998;43:435-445). (Respond: Dr Samuel F Berkovic, Department of Neurology, Austin and Repatriation Medical Centre, Heidelberg (Melbourne), Victoria 3084, Australia).

COMMENT. The authors conclude that genetics of epilepsy is syndrome-specific rather than a broad genetic predisposition. Their findings support those of Lennox WG who pioneered the research on genetics of epilepsy in twins in the early 1950s. I was privileged to be a Fellow in his "Seizure Clinic" at Harvard when he and a psychologist co-worker reported a series of 173 twin pairs (Lennox WG, Jolly DH. Seizures, brain waves and intelligence tests of epileptic twins. A Res